

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MEDICAL DATA SYSTEMS, INC.
 D.B.A. MEDICAL REVENUE SERVICES
 % JAMES F. MCCOLLUM, P.A.
 2001 9th AVE., STE 312
 VERO BEACH, FL 32960

(REGISTERED AGENT)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
 B. Received by (Printed Name)
 LISA MARAGON

☒ Agent
☐ Addressee

C. Date of Delivery
 10-25-06

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

☒ Certified Mail
☐ Registered
☐ Insured Mail

☐ Express Mail

☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
 (Transfer from service label)

7006 0810 0006 7248 7385

102595-02-M-1540

Domestic Return Receipt

2811 February 2004